HOT SPOT

Hang on Tight—Stories, Parables, Occurrences, Training

Volume II, Issue I July 2002

Spotlight on Stoma Site

A stoma is a surgically constructed opening, usually made in the abdominal wall to permit the passage of waste (urine or feces), or to allow administration of nutrition. Examples of abdominal stoma sites may include:

- An ileostomy is a surgically created opening to the ileum, for passage of feces
- A colostomy is an opening to some portion of the colon, for passage of feces.
- A urostomy discharges urine from an opening on the abdomen.
- A gastrostomy or jejunostomy may be placed through an opening in the abdominal wall when there is a need for long term nutritional support.

Each stoma site requires daily monitoring and care. Stoma site care remains the same regardless of the type placed. Currently, the licensed nurse is responsible for stoma site management. Licensed nurses are qualified to clean and assess the stoma site (insertion site if an enteral tube). Other staff may be trained and **delegated** by the assigned nurse to perform stoma site care. The physician provides individual specific orders that determine the frequency and method for cleaning and assessing the stoma site. The **delegating nurse** must train the caregiver using person specific instructions for stoma site care. The **delegating nurse** must monitor the caregiver that has received training on a regular basis. ***The licensed nurse is ultimately responsible for care that has been delegated.***

When the licensed nurse chooses to **delegate** stoma care to a caregiver, there must be appropriate documentation of the training. Caregivers of individuals with a stoma site will need to know how to assess and clean the site, and monitor the individual for problems. Caregivers need to know how to keep records on urine and fecal output, monitor weights, and to recognize and report signs and symptoms of problems. Some considerations may include:

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MORTALITY ALERT!

Epilepsy and the possibility of sudden death. *COULD THIS HAPPEN TO YOU?*

All medications are to be administered as ordered. Staff is not to stop any medication without a specific order from a health care professional. Staff should have a means to question a discontinued medication that an individual has taken for years. It is possible for the discontinuation of a medicine to contribute to death. Most victims of sudden death syndrome are found to have sub-therapeutic blood levels of anti-epileptic drugs.

What is SUDEP?
SUDEP: the sudden, unexpected death of a person with epilepsy; cause unknown.
SUDEP stands for 'Sudden Unexplained Death in Epilepsy'. It is a category of uncommon sudden death, used when a person with epilepsy dies unexpectedly, without apparent cause. In a typical case of SUDEP, an otherwise healthy person with active epilepsy dies suddenly, unobserved, usually while in bed.

Research indicates that there is likely more than one explanation for SUDEP. According to one theory, electrical discharges in the brain may change the electrical status of the heart, affecting its rhythm. Another theory is that breathing is stopped by a seizure.

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Special Alert As Reported by Lisa Jobe

A special alert highlighting the dangers resulting from specific actions involving CPR, staff ratios and communication between the caregiver and medical personnel was requested after a recent Death Review. Following are excerpts from Information Bulletins addressing these issues.

- Information Bulletin 02-07 states: "It is the responsibility of the provider agency to insure that each direct support staff person clearly understands the specific staffing requirements for any individual(s) they work with. The requirements must be addressed during the individual specific pre-service training required for all residential and day services staff and on-going compliance should be monitored by the agency's site supervisors."

- Information Bulletin 00-03 states: "The purpose of this Information Bulletin is to remind Provider Agencies of the requirement for all direct support staff to be certified in CPR and to apply it to practice (reference: Operations Manual, Chapter 4, Provider Issues, Section D, Staff Training). Other Agency staff assigned to fill in for or relieve direct support staff must also be trained and certified. If a person is found to be in absence of pulse and respiration, DMRS expects onsite staff to call 911 immediately and begin CPR, continuing until emergency services arrive."

- Information Bulletin 00-23 states: "The American Heart Association is updating its recommendations on the best way to do cardiopulmonary resuscitation (CPR). The new guidelines, in most cases, for CPR (for adults) include:

  - Call "911" for emergency assistance, then begin CPR
  - Non-medically trained rescuers are no longer told to try to find the pulse before starting CPR
  - Look for signs of life like breathing, moving, or coughing, and then proceed
  - Do 15 chest compressions, then administer two rescue breaths, at a rate of about 100 chest compressions per minute
  - If unconscious choking victim, search the victim's mouth for any foreign item, remove it if seen, then begin CPR
  - Next, if available, use the automated external defibrillator (AED). The AED actually has a computerized voice and tells the user what to do."

- Information Bulletin 01-01 clarifies the Provider Agencies' requirement to check the Abuse Registry prior to hiring employees or utilizing volunteers: "The Nurse Aide Registry, Elder Abuse Registry and Abuse Registry are one and the same. Calling 1-888-310-4650 or (615) 741-7670 and following the verbal prompts given can access the registry. You will need the respective employee's name and Social Security Number.

  Public Necessity Rules outline the procedure for placement on the registry of persons who have abused, neglected, mistreated or misappropriated the property of individuals receiving services through the Division."

- Information Bulletin 02-02 states: "The requirements for staff qualifications are found in the DMRS Operations Manual in the description of each service and the requirements for background screening in the previously issued Information Bulletins, 98-04, Fingerprinting Legislation, 98-18, References and 01-01, Abuse Registry. … These documents require that the provider agency must:

  - Ensure that the applicant meets the age, educational level and experience requirements for the service that he is being hired to provide
  - Ensure that the applicant has a valid certification or license if his profession requires one
  - Conduct a criminal background check as required by Tennessee law and respond appropriately to the results
  - Conduct an Abuse Registry check and not hire any individual who is listed on an Abuse Registry."

Spotlight on Stoma Site

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- Abdominal pain or distention
- Bleeding around the stoma site
- Constipation
- Diarrhea
- Enteral tube becomes dislodged/removed
- Fever
- Irritation (redness) around the stoma site
- Leakage/discharge (unusual) around the stoma site
- Retraction of the enteral tube (appears to be drawn down into the abdomen)
- Stomach distended (looks larger than normal)
- Strong or unusual odor from site
- Swelling around the stoma site
- Tenderness surrounding the site
- Vomiting, bloating, cramping
- Weight loss or gain that is significant

It is most important to report promptly to the physician any problems or concerns. An infection of a stoma can easily spread throughout the body, causing a potentially fatal condition referred to as *sepsis*. Documentation in the individual's record of the care and assessment of the stoma site is required on a daily basis as well as on an as needed basis. Follow the physician's orders and individual specific training.

MORTALITY ALERT!

Potentially Dangerous Foods
COULD THIS HAPPEN TO YOU?

Any individual can be at risk for aspiration due to unsafe eating habits. This is more important with an individual who has pica (the eating of inedible items). Recently staff found an individual. There were no signs of breathing. There was food noted in the mouth. A sweep was done of the mouth in an attempt to clear the airway. 911 was called. CPR was begun. The airway was solidly blocked. The individual passed away because of airway obstruction by food and pica. The individual did have a specific dining plan requiring food to be cut into 1/4 to 1/2-inch pieces. The dining plan was not followed correctly.

Some potentially dangerous foods can pose life-threatening consequences. This is an extremely important issue. Please advise all staff who assist people to eat, assist in the preparation of meals, prepare meals or supervise people while eating that certain foods can be extremely dangerous if not prepared and consumed in a safe manner. The following foods are a few such items.

- Hot dogs served whole
- Grapes - trouble with the size and the outer peel
- Peanut butter sandwiches on white bread (white bread gums up quickly)
- Dry crumbly foods (i.e., cornbread, rice) served without emollients (butter, jelly, milk, sauce, etc.)
- Dry particulate foods, as ground beef served without emollients (butter, gravy, and sauce)
- Whole, raw vegetables served in large bite sizes (such as the raw peeled baby carrots sold in the grocery)
- Whole, hard fruits (pears, apples)
- Other foods that have posed a problem are:
    - whole kernel corn, difficult to mash (creamed corn is an alternative)
    - raisins - easy to choke on when given in large quantities
    - whole hard candy (round ,solid shape causes the problem)
    - candy with large nuts
    - hard nuts

This is not to be construed as a ban on these foods. It is, however, an alert of the potential danger of these food items in some circumstances. These foods can be dangerous if a person does not or cannot chew well. It may also be dangerous if the individual or caregiver places too much food in a person's mouth at one time. Therefore, instruct all staff to use caution when assisting or supervising people with food preparation or at mealtimes when consuming these foods. Check the dining plan of the individual for the recommended size, amount, and texture for the food.

One suggestion on preparation of a hot dog may be to slice it from end to end, rather than forming a solid round shaped slice. Cutting grapes in this manner also avoids the formation of a solid round shape. Breaking or crushing whole hard candy eliminates a solid round shape. Lifesavers are a good alternative because they contain a hole in the middle of the round shape. Chopping nuts will help prevent choking. Toasting bread will make it more difficult to form into a solid round shape while chewing. Even soft foods such as banana can cause choking if sliced into a solid round shape and consumed too quickly.

Airway obstruction is a real problem for the individual who exhibits difficulty with chewing or swallowing, places large amounts of food in the mouth, or has PICA (the eating of non-food products). Review the dining plans and establish an emergency plan for "choking" to protect the individual.

Addition information can be found in Information Bulletin Number 98-09, March 17, 1998.

MORTALITY ALERT!

Epilepsy and the possibility of sudden death.
COULD THIS HAPPEN TO YOU?

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In either case, a post-mortem examination reveals no anatomical cause of death. The actual risk of SUDEP remains uncertain and more research is badly needed. It has been estimated that 1 in 1,000 people with epilepsy will die of SUDEP each year.

The chances of dying from SUDEP are remote. Some people may be more at risk than others, especially young men aged 20-40 with tonic-clonic (grand mal) seizures which are not fully controlled by medication. Not taking medication correctly or regularly, being alone during seizures and using alcohol or street drugs can also be factors.

"What can I do to lower the risk?" No one knows for sure, but seeking treatment regularly to get the best possible seizure control, avoiding sudden drug withdrawal, and taking one's medication regularly are recommended. Avoiding alcohol, maintaining regular and adequate sleep patterns, exercising, eating nutritious meals and learning to manage stress are simple things that may make a difference. Concerned staff should know that staying with someone for 15 to 20 minutes after a seizure to ensure they are breathing easily would be useful.

Keep Your Cool on Hot Weather Walks

Choose a COOL time of day. Know your local climate. Dawn is best, although it comes early in June and July! In many inland areas the temperatures rise until early evening, 5 pm - 6 pm and do not cool off until sunset. That after-work walk schedule may put you into the hottest time of day. Remember that individuals using wheelchairs are at higher risk.

Select a route that includes shade. Avoid direct sun and blacktop. Natural surface paths under the trees are the cooler places to walk. These are also favored by insects, so choose an insect repellant if they bug you too much, and check for ticks afterwards.

Drink, drink, drink. Drink 10 - 16 oz. of fluid 15 minutes BEFORE you start your walk. Then drink every 20-30 minutes along the walk. Caregivers can tell if someone ends up dehydrated after the walk if their pulse rate remains high and his or her urine is dark yellow. Thirst doesn't tell the whole story, drink during the walk whether or not you feel thirsty. Avoid drinks with a high sugar concentration. Water is great.

Make your own shade. Wear a hat with a visor or a desert-cap with flaps to shade your neck. Wear sunscreen to prevent sunburn, skin cancer and wrinkles. Wear sunglasses that filter UVA and UVB to protect the eyes. Wear light colored clothing.

Watch out for heat disease. If a person becomes dizzy, nauseated, has dry skin or the chills, STOP and try to get a drink. If there are changes in the victim's consciousness or if the person is vomiting, do not give anything to eat or drink. If they do not feel better, get medical help immediately. If an individual is under care for a medical condition, especially heart or respiratory problems or has had heat stroke previously, consult with the health care provider about walking in the heat.

HEAT STROKE IS A LIFE-THREATENING MEDICAL EMERGENCY, REQUIRING EMERGENCY MEDICAL ATTENTION.

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